CAMBRIDGE RESPONSIBLE EMPLOYER PLAN
NON-FILED SUB-CONTRACTOR'S CERTIFICATION - <u>BID FORM</u>

_____ hereby certifies that it shall:
(Name of Sub-Contractor)

(1) comply with the Cambridge Employment Plan as it currently exists and as it may be, from time to time, amended, and specifically shall comply with the worker hours requirements of §2.66.060(A);

(2) comply with the obligations established under M.G.L. c.149 and G.L. c30§39M to pay the appropriate lawful prevailing wage rates to its employees;

(3) maintain or participate in a bona fide apprentice training program as defined by c.23 §§ 11H and 11I for each apprenticable trade or occupation represented in its workforce that is approved by the Division of Apprentice Training of the Department of Labor and Industries and shall abide by the apprentice to journeymen ratio for each trade prescribed therein in the performance of the contract;

(4) furnish, at its expense, hospitalization and medical benefits for all its employees employed on the project and/or coverage at least comparable in value to the hospitalization and medical benefits provided by the health and welfare plans in the applicable craft recognized by M.G.L. c.149, §26 and G.L. c30§39M in establishing minimum wage rates;

(5) maintain appropriate industrial accident insurance coverage for all its employees employed on the project in accordance with M.G.L. c.152;

(6) properly classify employees as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance, unemployment taxes, social security taxes and income tax withholding; and

(7) certify under oath and in writing on a weekly basis for the entire duration of its work on the project, that it is in compliance with the above obligations.

Signed under the penalties of perjury. _____(date)

_____
Signature of authorized representative of contractor

_____
Print name of authorized representative of contractor

THIS CERTIFICATE APPLIES ONLY TO FILED SUBBIDS $25,000 AND OVER - INCLUDING ALL ALTERNATES, IF ANY.

RETURN THIS FORM WITH YOUR BID